

HEALTH ENTITIES

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2015

| (1) Checklist | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE ** | (7) APPLICABLE NOTES |
|------------------|---------------|--|--------------------------|-------|---------|------------------------|-----------------------|-------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAI C | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 ½"X14") | 3 | EO | xxx | 3/1 | NAIC | G, H(a), I, L, N(b) |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E27) | 3 | EO | xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 ½" x 14") | 2 | EO | xxx | 5/15, 8/15, 11/15 | NAIC | G, H(a), I, L, N(b) |
| | | | | | | | | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | 2 | EO | xxx | 4/1 | NAIC | M |
| | 11 | Actuarial Opinion | 3 | EO | xxx | 3/1 | Company | G, M, N (b) (e) |
| | 12 | Health Care Exhibit (Parts 1, 2 and 3) Supplement | 2 | EO | xxx | 4/1 | NAIC | M |
| | 13 | Health Care Exhibit's Allocation Report Supplement | 2 | EO | xxx | 4/1 | NAIC | M |
| | 14 | Investment Risk Interrogatories | 2 | EO | xxx | 4/1 | NAIC | M |
| | 15 | Life Supplemental Data due March 1 | 2 | EO | xxx | 3/1 | NAIC | M |
| | 16 | Life Supp Statement non-guaranteed elements – Exh 5, Int. #3 | 2 | EO | xxx | 3/1 | Company | M |
| | 17 | Life Supp Statement on par/non-par policies – Exh 5 Int. 1&2 | 2 | EO | xxx | 3/1 | Company | M |
| | 18 | Life Supplemental Data due April 1 | 2 | EO | xxx | 4/1 | NAIC | M |
| | 19 | Long-Term Care Experience Reporting Forms | 2 | EO | xxx | 4/1 | NAIC | M |
| | 20 | Management Discussion & Analysis | 2 | EO | xxx | 4/1 | Company | J, N(b) |
| | 21 | Medicare Supplement Insurance Experience Exhibit | 2 | EO | xxx | 3/1 | NAIC | M |
| | 22 | Medicare Part D Coverage Supplement | 2 | EO | xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | M |
| | 23 | Property/Casualty Supplement due March 1 | 2 | EO | xxx | 3/1 | NAIC | M |
| | 24 | Property/Casualty Supplement due April 1 | 2 | EO | xxx | 4/1 | NAIC | M |
| | 25 | Risk-Based Capital Report | 1 | EO | xxx | 3/1 | NAIC | G, I, N(b) |
| | 26 | Schedule SIS | 2 | N/A | N/A | 3/1 | NAIC | M |
| | 27 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | | | | | | | | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 60 | Annual Statement Electronic Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 61 | March .PDF Filing | xxx | EO | xxx | 3/1 | NAIC | |
| | 62 | Risk-Based Capital Electronic Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 63 | Risk-Based Capital .PDF Filing | xxx | EO | N/A | 3/1 | NAIC | |
| | 64 | Supplemental Electronic Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 65 | Supplemental .PDF Filing | xxx | EO | xxx | 4/1 | NAIC | |
| | 66 | Quarterly Statement Electronic Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 67 | Quarterly .PDF Filing | xxx | EO | xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 68 | June .PDF Filing | xxx | EO | xxx | 6/1 | NAIC | |
| | | | | | | | | |

| | | IV. AUDIT/INTERNAL CONTROL RELATED REPORTS | | | | | | |
|--|-----|--|---|-----|-----|--|---------|--------------------------|
| | 81 | Accountants Letter of Qualifications | 2 | EO | N/A | 6/1 | Company | N(d) |
| | 82 | Audited Financial Reports | 2 | EO | xxx | 6/1 | Company | J, N(b) |
| | 83 | Audited Financial Reports Exemption Affidavit | 1 | N/A | N/A | 5/1 | Company | J |
| | 84 | Communication of Internal Control Related Matters Noted in Audit | 2 | N/A | N/A | 8/1 | Company | R |
| | 85 | Independent CPA (change) | 1 | N/A | N/A | 12/1 | Company | N(d) |
| | 86 | Management’s Report of Internal Control Over Financial Reporting | 2 | N/A | N/A | 8/1 | Company | |
| | 87 | Notification of Adverse Financial Condition | 2 | N/A | N/A | Within 10 days of CPA Discovery | Company | |
| | 88 | Request for Exemption to File | 1 | N/A | N/A | 3/1 | Company | J |
| | 89 | Relief from the five-year rotation requirement for lead audit partner | 1 | EO | xxx | 3/1 | Company | J |
| | 90 | Relief from the one-year cooling off period for independent CPA | 1 | EO | xxx | 3/1 | Company | J |
| | 91 | Relief from the Requirements for Audit Committees | 1 | EO | xxx | 3/1 | Company | J |
| | | | | | | | | |
| | | V. STATE REQUIRED FILINGS*** | | | | | | |
| | 101 | Certificate of Compliance | 0 | 0 | 0 | | State | |
| | 102 | Certificate of Deposit | 0 | 0 | 0 | | State | |
| | 103 | Filings Checklist (with Column 1 completed) | 0 | 0 | 0 | | State | |
| | 104 | Premium Tax | 1 | 0 | 1 | 3/1 | State | Q |
| | 105 | State Filing Fees | 1 | 0 | 1 | 7/1 | State | C, O |
| | 106 | Updated Biographical Affidavits | 1 | N/A | N/A | 3/1, 5/15, 8/15, 11/15 | Company | G, H(a) Domestic ONLY |
| | 107 | Form B&C Holding Company Registration Statement | 1 | N/A | N/A | 4/15 | Company | S |
| | 108 | Form B Supplement Fees Between Insurers & Affiliates | 1 | N/A | N/A | 4/15 | State | M |
| | 109 | Basket Clause Statement | 1 | N/A | N/A | 3/1 | State | T, M |
| | 110 | TPA Affidavit | 1 | N/A | N/A | 3/1 | State | G, H(a) |
| | 111 | Application for Renewal of C of A | 1 | N/A | 1 | 7/1 | State | N(c), G, H(a) |
| | 112 | Certificate of Compliance with Advertising Rules | 1 | N/A | 1 | 3/1 | State | U |
| | | | | | | | | |

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

***For those states that have adopted the NAIC updated Holding Company Model Act, a Form F filing is required annually by holding company groups. Consistent with the Form B filing requirements, the Form F is a state filing only and should not be submitted by the company to the NAIC. Note however that this filing is intended to be submitted to the lead state. For more information on lead states, see the following NAIC URL: http://www.naic.org/public_lead_state_report.htm